DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
English Language Declaration

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR STABILIZING PELVIC RING DISRUPTION

the specification of which:
(check one)

__X__ is attached hereto.

_____ was filed on _____ as Application Serial No. _____ ,
and was amended on _____ .

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| | | | Priority Claimed | |
			YES	NO
_____	_____	_____	___	___
(Number)	(Country)	(Day/Month/Year Filed)		

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_60/183,623_____	_February 18, 2000_____	_Pending_____
(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (listed name and registration number)

J. Pierre Kolisch, Reg. No. 15,802; Jon M. Dickinson, Reg. No. 22,820; John M. McCormack, Reg. No. 26,948; Peter E. Heuser, Reg. No. 27,902; David P. Cooper, Reg. No. 33,372; David A. Fanning, Reg. No. 33,233; Walter W. Karnstein, Reg. No. 35,565; Pierre C. Van Rysselberghe, Reg. No. 33,557; Charles H. DeVoe, Reg. No. 37,305; Stephen F. Gass, Reg. No. 38,462; David S. D'Ascenzo, Reg. No. 39,952; Owen W. Dukelow, Reg. No. 41,002; James R. Abney, Reg. No. 42,253; Mark D. Alleman, Reg. No 42,257; J. David Fulmer, Reg. No. 42,561; M. Matthews Hall, Reg. No. 43,653; and Christopher S. Tuttle, Reg. No. 41,357.

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Full name of sole
or first inventor: JAMES C. KRIEG

INVENTOR'S SIGNATURE: DATE: 8/10/00

Residence: 1011 N.W. Glisan, Portland, Oregon 97209
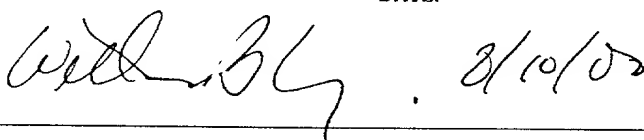
Citizenship: United States of America

Post Office Address: 1011 N.W. Gliasan, Portland, Oregon 97209

Full name of second
or joint inventor: WILLIAM B. LONG

INVENTOR'S SIGNATURE: DATE: 8/10/00

Residence: 10840 N.W. La Cassel Crest, Portland, Oregon 97229

Citizenship: United States of America
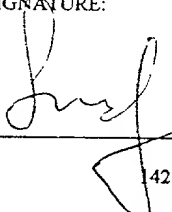
Post Office Address: 10840 N.W. La Cassel Crest, Portland, Oregon 97229

Full name of third
or joint inventor: STEVEN M. MADEY

INVENTOR'S SIGNATURE: DATE: 8/10/00

Residence: 14250 Amberwood Circle, Lake Oswego, Oregon 97035

Citizenship: United States of America

Post Office Address: 14250 Amberwood Circle, Lake Oswego, Oregon 97035

Full name of fourth
or joint inventor: MICHAEL BOTTLANG

INVENTOR'S SIGNATURE: DATE:

                                                8 - 10 - 00

Residence: 5536 S.E. Lincoln Street, Portland, Oregon 97215

Citizenship: United States of America

Post Office Address: 5536 S.E. Lincoln Street, Portland, Oregon 97215

Applicants:_____James C. Krieg, William B. Long, Steven M. Madey, and Michael Bottlang_____ Attorney's
Serial No.:_____ Docket No. LHY 301
Filed:_____
For:_____Apparatus and Method for Stabilizing Pelvic Ring Disruption_____

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below·

NAME OF ORGANIZATION_____Legacy Emanuel Hospital and Medical Health Center_____
ADDRESS OF ORGANIZATION_____1919 N.W. Lovejoy Street, Portland, Oregon 97209_____

TYPE OF ORGANIZATION
[ ] UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
[X] TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3))
[ ] NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
     (NAME OF STATE_____) (CITATION OF STATUTE_____)
[ ] WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE CODE (26 USC 501(a) and 501(c)(3))
     IF LOCATED IN THE UNITED STATES OF AMERICA
[ ] WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF
     THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
     (NAME OF STATE_____) (CITATION OF STATUTE_____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled Apparatus and Method for Stabilizing Pelvic Ring Disruption described in:

[X] the specification filed herewith.
[ ] application Serial No. _____, filed _____.
[ ] Patent No._____, issued _____.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under CFR 1.9(e). *NOTE: Separate verification statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME_____
ADDRESS_____
     [ ] INDIVIDUAL [ ] SMALL BUSINESS [ ] NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING_____Pamela S. Vukovich_____
TITLE OF PERSON_____Chief Financial Officer_____
ADDRESS OF PERSON SIGNING_____1919 N.W. Lovejoy Street, Portland, Oregon 97209_____

SIGNATURE_____Pamela S. Vukovich_____ DATE___7/25/00_____